

LEO GROUP SELF ADMINISTERED QUESTIONNAIRE

Do NOT write your name on this survey.

1.) What is today's date?							(mm/dd/yy)
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2.) What is the first letter of your last name?

3.) What is your date of birth?					(mm/dd/yy)
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4.) What is the zip code for your home/regular hang-out?

5.) What county do you live in? _____

6.) Are you currently homeless or considered to be homeless by other people? ☐ Yes ☐ No

7.) Have you been incarcerated in the last 12 months? ☐ Yes ☐ No

8A.) What gender do you consider yourself? (mark one "x")

☐ Male
 ☐ Pregnant Female
 ☐ Transgender: M to F

☐ Female
 ☐ If Pregnant, in Perinatal Care?
 ☐ Transgender: F to M

☐ Yes
 ☐ No
 ☐ Other, Specify: _____

8B.) What was your gender at birth? ☐ Male ☐ Female

9.) Which of the following best describes your race/ethnic background? *(mark all that apply "x")*

☐ Black/African American
 ☐ Hispanic/Latino(a)

☐ Native American/Alaskan Native
 ☐ White

☐ Asian
 ☐ Other, Specify: _____

☐ Native Hawaiian/Pacific Islander

10.) Which of the following comes closest to your sexual orientation? (mark one "x")

☐ Gay Male ☐ Heterosexual or Straight ☐ Don't Know

☐ Bisexual ☐ Lesbian

STOP STOP HERE. Only complete pages 2 through 4 if your group leader asks you to. **STOP**

Referral Source?

☐ Agency***
 ☐ Friend/Family
☐ HC/PI
 ☐ Don't Know
☐ Self
 ☐ Other, Specify: _____
☐ Partner

*** If Agency:

☐ C&T ☐ HC/PI ☐ Intake
☐ PCRS ☐ CRCS ☐ Other
☐ TPA ☐ HE/RR ☐ Don't Know

Group Name: _____ Provider's ID #:

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Check One:

☐ Page One Only

☐ Complete Form

Session #: of Date of This Group: (mm/dd/yy)

[illegible]

Data Entry Initials:

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LEO Form #:

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SEXUAL BEHAVIOR HISTORY

The following questions are about your sexual behavior during the last 12 months. By “sex” we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys. (NA = Not Applicable)

10.) During the last 12 months, how many men have you had sex with? (0-999)

a.) Did this include any oral sex? ☐ Yes ☐ No ☐ NA

b.) Did this include any receptive vaginal sex where a partner’s penis entered your vagina? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

c.) Did this include any insertive anal sex where you put your penis into a partner’s butt? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

d.) Did this include any receptive anal sex where a partner’s penis entered your butt? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

11.) During the last 12 months, how many women have you had sex with? (0-999)

a.) Did this include any oral sex? ☐ Yes ☐ No ☐ NA

b.) Did this include any insertive vaginal sex where your penis entered a partner’s vagina? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

c.) Did this include any insertive anal sex where you put your penis into a partner’s butt? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

12.) During the last 12 months, how many transgender people have you had sex with?

M to F (0-999) F to M (0-999)

a.) Did this include any oral sex? ☐ Yes ☐ No ☐ NA

b.) Did this include any insertive vaginal sex where your penis entered a partner’s vagina? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

c.) Did this include any receptive vaginal sex where a partner’s penis entered your vagina? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

d.) Did this include any insertive anal sex where you put your penis into a partner’s butt? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

e.) Did this include any receptive anal sex where a partner’s penis entered your butt? ☐ Yes ☐ No ☐ NA

If yes, how many times was a condom used? ☐ Never ☐ Sometimes ☐ Always

13.) During the last 12 months, did you exchange sex for money, a place to stay, or for other items or services (other than drugs)? ☐ Yes ☐ No

14.) During the last 12 months, did you exchange sex for drugs? ☐ Yes ☐ No

15.) During the last 12 months, have you had sex with any sex workers? ☐ Yes ☐ No

a.) If yes, did this include vaginal sex? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

b.) If yes, did this include anal receptive sex (their penis in your butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

c.) If yes, did this include anal insertive sex (your penis in their butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

16.) During the last 12 months, have you had sex with any sex partners who have injected drugs not taken under a doctor’s order? ☐ Yes ☐ No

a.) If yes, did this include vaginal sex? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

b.) If yes, did this include anal receptive sex (their penis in your butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

c.) If yes, did this include anal insertive sex (your penis in their butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

17.) During the last 12 months, have you had sex with any HIV-positive partner(s)? ☐ Yes ☐ No

a.) If yes, did you know your partner’s HIV-positive status before having sex with them? ☐ Yes ☐ No

b.) If yes, did this include vaginal sex? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

c.) If yes, did this include anal receptive sex (their penis in your butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

d.) If yes, did this include anal insertive sex (your penis in their butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

18.) If you are a woman, have you had sex with any gay, bisexual, or men who have sex with men? ☐ Yes ☐ No

a.) If yes, did this include vaginal sex? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

b.) If yes, did this include anal receptive sex (their penis in your butt)? ☐ Yes ☐ No

If yes, were condoms used? ☐ Never ☐ Sometimes ☐ Always

SEXUAL HEALTH HISTORY

19.) During the last 12 months, has a doctor or other health professional told you that you have hepatitis or a sexually transmitted disease (STD)? ☐ Yes ☐ No

If you answered yes, which STDs have you been diagnosed with in the last 12 months? (mark all that apply “x”)

☐ Syphilis (syph, the pox, lues)

☐ Genital Herpes (HSV)

☐ Gonorrhea (GC, clap, drip)

☐ Hepatitis A (HAV)

☐ Chlamydia

☐ Hepatitis B (HBV)

☐ Trichomoniasis (trich)

☐ Hepatitis C (HCV)

☐ Genital/Anal Warts (HPV)

☐ Other STD:_____

20.) Has a doctor or other health professional told you that you have a viral STD or hepatitis more than 12 months ago? ☐ Yes ☐ No

If you answered yes, which viral STD or hepatitis have you been diagnosed with more than 12 months ago? (mark all that apply “x”)

☐ Genital/Anal Warts (HPV)

☐ Hepatitis B (HBV)

☐ Genital Herpes (HSV)

☐ Hepatitis C (HCV)

☐ Hepatitis A (HAV)

21.) Have you ever been tested for HIV (human immunodeficiency virus)? ☐ Yes ☐ No

If you answered yes, what was your most recent test result? (mark one “x”)

☐ Negative

☐ Inconclusive

☐ Positive

☐ Don’t Know

Do you have medical care?

☐ Decline/Refuse

☐ Yes ☐ No